PART B—ISSUE FEE TRANSMITTAL 30,00

1 CORRESPONDENCE ADDRESS					ock below; or (everse for Ce			
1. CORRESPONDENCE ADDRESS	ARIZ TOO	\	· · · · · · · · · · · · · · · · · · ·	2. INVE	NTOR(S) ADDRE	SS CHANGE (Comple	te only if the	ere is a change)
	81 7 S	1	. *		ITOR'S NAME			
,	3 1994 &	<i>]</i>		Street	Address			··········
in the state of th		1:2m3 (4.30	10.1 10.1	City, S	tate and ZIP Code			
THEAT F. HALL			`	CO-IN	VENTOR'S NAME	· · · · · · · · · · · · · · · · · · ·		
THE ARREST 100°	LDENG		(Street	Address	<u>.</u>		
SAM FRAMCISCOL	C6 94111		<u> </u>			·		
	, ,			-	tate and ZIP Code	· .		
	PApeR	EE E	NIERE		Check if addition	al changes are on r	officers of	1001 001
SERIES CODE/SERIAL NO.	FILING DATE			opou	UNINC			"CH CHC
+	A TEMODATE	TOTAL CLAIMS	1		ND GROUP AR	T UNIT		DATE MAILED
07/923,692 - 0	1/31/22		ONON, P		ESTA PAGE 19			1
First Named		8,0	or the property of	···		18004	127	70D703
Applicant (20.0) (19.0) (19.0) (19.0)		Day	·					
VENTION NOT MARKET WEST STREETS	LORGE HAVING	He Telegra race	raidže kera	estanti e la tata e	The man and the second			
	CLASS-SUBCLAS		APPLN, TY	PE SA	MALL ENTITY	FEE DUE		DATE DUE
1 10121 USF	7 400 1 1 1 . 10	Mi jeg						
	•		HILL	1 7	YES &	ier un	1137	119704
	•		11111	i A	YES 多	lesch, un	<u>u37</u>	(H9794 (A)(
			11111	IY	YE(2) 4)	lekile, tori	_U37 ;	(H) /174
			111111		YES &	tetti, uni	U3/	0197734 CM BAN
- 0			4. For print	ng on the pat	: Boll front			CM BAN
Correspondence address change (Comp			4. For printi page, list the 3 registered	ng on the pate e names of ne	ent front of more than			CM BM Halluin
9		nge)	4. For printi page, list the 3 registered agents OR	ng on the pat e names of nu i patent attorn alternatively	ent front of more than eys or	1 Albert	Р.	CM BM Halluin
- "		nge)	4. For printing page, list the 3 registered agents OR firm having attorney or	ing on the pati e names of no i patent attorn alternatively, t as a member agent. If no n	ent front ot more than eys or the name of a a registered	1 Albert	Р.	CM BM Halluin
- 6		nge)	4. For printing page, list the 3 registered agents OR firm having attorney or	ing on the pate e names of m i patent attorn alternatively, t as a member	ent front ot more than eys or the name of a a registered	1 Albert	Р.	CM BM Halluin
e diene training py ging t		nge)	4. For printing page, list the 3 registered agents OR firm having attorney or	ing on the pati e names of no i patent attorn alternatively, t as a member agent. If no n	ent front ot more than eys or the name of a a registered	Albert	Р.	CM BM Halluin
090 SB 01/11/94 02022	(0) 2	nge)	4. For printing page, list the 3 registered agents OR firm having attorney or listed, no not be a space.	ng on the pate e names of ne f patent attorn alternatively, t as a member agent. If no n ane will be prin	ent front of more than eys or the name of a a registered ame is nted.	Albert	Р.	CM BM Halluin
E digner tradition of State of	(0) 2	DO NOT US 1 242	4. For printipage, list the 3 registered agents OR firm having attorney or listed, no nate of the second sec	ng on the pate e names of no patent attornaliternatively, tas a member agent. If no name will be pringer.	ent front of more than eys or the name of a a registered ame is nted.	1Albert 2LIMBAC	Р.	CM BM Halluin
090 SB 01/11/94 079236	E PATENT (wint or book)	DO NOT US 1 242	4. For printing page, list the 3 registered agents OR firm having attorney or listed, no not be a space.	ng on the pate e names of no patent attornal ternatively, the as a member agent. If no name will be pringer, the control of th	ent front of more than eys or the name of a a registered ame is nted.	1Albert 2LIMBAC	Р.	CM BM Halluin
090 SB 01/11/94 079236	E PATENT (wint or book)	DO NOT US 1 242	4. For printipage, list the 3 registered agents OR firm having attorney or listed, no nate of the second sec	ng on the pate e names of ne patent attornal ternatively, the as a member agent. If no name will be printed to the patent at the	ent front of more than eys or the name of a a registered ame is olded.	Albert LIMBAC 3	Р.	CM BM Halluin
ASSIGNMENT DATA TO BE PRINTED ON THE CONTINUE OF ASSIGNED CONTINUE OF AS	EPATENT (print or type) Corp.	DO NOT US 1 242	4. For printipage, list the 3 registered agents OR firm having attorney or listed, no nate of the second sec	ing on the patie names of not patent attornal patent attornal ternatively, the patent agent. If no name will be pringle of the patent of the p	ent front of more than eys or the name of a a registered ame is orded.	Albert Limbac Limbac 3 nclosed:	Р.	CM BHM Halluin LIMBACH
ASSIGNMENT DATA TO BE PRINTED ON THE CONTROL OF ASSIGNEE CONTROL O	EPATENT (print or type) Corp.	DO NOT US 1 242	4. For printipage, list the 3 registered agents OR firm having attorney or listed, no nate of the second sec	ing on the patie names of no patent attornal patent attornal alternatively, a an ember agent. If no name will be pringle of the patent of the	ent front of more than eys or the name of a a registered ame is orited. eving fees are er Fee XXA wing fees should	Albert LIMBAC 3 Inclosed: dvanced Order - # of	Р.	CM BM Halluin
ASSIGNMENT DATA TO BE PRINTED ON THE COUNTY OF ASSIGNEE: 10 SOURCE Genetics (2) ADDRESS: (CIT'S STATE OF COUNTY) VACAVILLE CA (3) STATE OF INCORPORATION, IF ASSIGNED CALLED THIS APplication is NOT assigned.	E PATENT (print or type) Corp. E IS A CORPORATION	DO NOT US 1 242 1 561	4. For printipage, list the 3 registered agents OR firm having attorney or listed, no nate of the second sec	ng on the pate e names of not patent attornal ternatively, that agent. If no name will be pringled. The following the pringled of the following ternative that are will be pringled. The following ternative that are the patent at the patent a	ent front of more than eys or the name of a a registered ame is owing fees are er Fee XMA wing fees should IT ACCOUNT N OSED PART C)	Albert Limbac Limbac 3 nclosed: dvanced Order - # of the changed to: UMBER	CH &	CM BHM Halluin LIMBACH
ASSIGNMENT DATA TO BE PRINTED ON THE	E PATENT (print or type) Corp. E IS A CORPORATION	DO NOT US 1 242 1 551	4. For printipage, list the 3 registered agents OR firm having attorney or listed, no nate of the second sec	ng on the pate e names of not patent attornaliternatively, tas a member agent. If no name will be printed to the patent of the p	ent front of more than eys or the name of a a registered ame is nited. Divining fees are er Fee XXA wing fees should IT ACCOUNT IN SED PART C) Fee ACOING Officiencies in E	Albert 2 LiMBAC 3 Inclosed: dvanced Order - # 0 be changed to: UMBER dvanced Order - # 0 nclosed Fees	P. CH &	CM BHM Halluin LIMBACH
ASSIGNMENT DATA TO BE PRINTED ON THE CONTROL OF ASSIGNMENT DATA TO BE PRINTED ON THE CONTROL OF ASSIGNMENTS. ASSIGNMENT DATA TO BE PRINTED ON THE CONTROL OF ASSIGNMENTS. ASSIGNMENT DATA TO BE PRINTED ON THE CONTROL OF ASSIGNMENTS. PLEASE NOTE: Unless an assignment is being submitted under submitted to Box ASSIGNMENTS.	E PATENT (print or type) Corp. E IS A CORPORATION ted to the Patent and Tradeparate cover. Assignments in Black 5. a.s.	DO NOT US 1 242 2 551 demark Office.	4. For printing page, list the 3 registered agents OR firm having attorney or listed, no national states and the second states are second so that is a second secon	fing on the patite names of not patent attornal alternatively, the sas a member agent. If no not part will be printed at the patent at	ent front of more than eys or the name of a a registered ame is sted. every fee x X A wing fees should it ACCOUNT N SED PART C) Fee A A Fee B Fee B Fee B Fee A Fee B F	Albert Albert LIMBAC LIMBAC	P. CH &	Halluin LIMBACH (Minimum of 10)
ASSIGNMENT DATA TO BE PRINTED ON THE COUNTY OF ASSIGNMENT DATA TO BE PRINTED ON THE COUNTY OF ASSIGNEE OF COUNTY OF ASSIGNEE OF COUNTY OF ASSIGNEE OF INCORPORATION, IF ASSIGNMENT IS BEING PREVIOUSLY SUBMITTED OF ASSIGNMENT IS BEING SUBMITTED. ASSIGNMENT IS BEING SUBMITTED. ASSIGNMENT IS BEING SUBMITTED. PLEASE NOTE: Unless an assignee patent notusion of assignee data is not assigneed.	E PATENT (print or type) COrp. E IS A CORPORATION ted to the Patent and Tradeparate cover. Assignments is identified in Block 5, no	DO NOT US 1 242 1 351 Jemark Office. Ints should be	4. For printing page, list the 3 registered agents OR firm having attorney or listed, no national states and the second states are second second states	fing on the patite names of not patent attornal alternatively, the sas a member agent. If no not part will be printed at the patent at	ent front of more than eys or the name of a a registered ame is othed. Diving fees are er Fee XXA wing fees should iT ACCOUNT N SED PART C) Fee	Albert Albert LIMBAC LIMBAC	P. CH &	Halluin LIMBACH (Minimum of 10)
ASSIGNMENT DATA TO BE PRINTED ON THE CONTROL OF ASSIGNMENT DATA TO BE PRINTED ON THE CONTROL OF ASSIGNEE. 10 SOUTCE GENETICS (2) ADDRESS: (CITY & STATE OF COUNTY) Vacaville CA (3) STATE OF INCORPORATION, IF ASSIGNEE. California This application is NOT assigned. Assignment is being previously submitted under so directed to Box ASSIGNMENTS.	E PATENT (print or type) COrp. E IS A CORPORATION ted to the Patent and Tradeparate cover. Assignments is identified in Block 5, no	DO NOT US 1 242 1 351 Jemark Office. Ints should be	4. For printing page, list the 3 registered agents OR firm having attorney or listed, no national states and the second states are second second states	on the pate e names of not patent attornal patent attornal patent attornal patent. If no name will be pringle of the patent of t	ent front of more than leys or the name of a a registered ame is of the name of a a registered ame is of the name of a a registered ame is of the name of a a registered ame is of the name of a a registered ame is of the name of a are of the name of a are of the name of the name and the name of the name of the name and the name of the name o	Albert Albert LIMBAC LIMBAC	of Copies Of Copies Of Copies Of Copies Of Copies	Halluin LIMBACH (Minimum of 10) (Minimum of 10)

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

> Box ISSUE FEE Commissioner of Patents and Trademarks Washington, D.C. 20231

On January 1, 1994

(Date)

(Signature)

Diane E. Fox

(Typed or Printed Name)

1-4-94

(Date)

Note: If this certificate of mailing is used, it can only be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

This form is estimated to take 20 minutes to Complete. Time will vary depending upon the needs of the individual applicant. Any comments on the amount of time you require to complete this form should be sent to the Office of Management and Organization, Patent and Trademark Office, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

	AR	T C—CHARGE TO		30,00	Sd - 8
SIL ROO		i - CHANGE TO	DEPOSII	ACCOUNT	
WAIL ROOM			. *	- · · · · · · · · · · · · · · · · · · ·	31
1. CORRESPONDENCE ADDRESS	je.	<u> </u>		<u>-</u>	
Page 18 and 18 a	J.			and the state of	:
ALBERT P. HALL	11111	1004371309	^	,	<i>;</i>
CONTRACT SECTION OF THE SECTION OF T	MACH H.OTNG		1		
				Cauringe due.	3.9.94.047
SERIES CODE/SERIAL NO.	FILING DATE T	TOTAL CLAIMS		MINER AND GROUP ART UNIT	DATE MAILED
HI / POP REPORT OF	,	₹	. f	1804	and other state
Applicant (,) (p)((,) (p)		Thurs.			
CONSTRUCTOR CONTRACT)	i satear es amer	activity projhjetrelje reg	L
ATTY'S DOCKET NO			LN. TYPE	SMALL ENTITY FEE DUE	DATE DUE
1 61110 - 2012 (12)	H 4500 172, 300	DO NOT USE THIS SPA	u.jay	YES Stast un	2303/00/03
Jr.	electronistics a district	TO NOT OUR THIS SPA			CAL
	N N		<i>x</i>	2	I SAL
		7. 21.00			, i
			· .	The same of the sa	
090 SB 01/11/94 07923 090 SB 01/11/94 07923	3692 / 3692 / \	1/242 - 1/561 -	585.00 30,00		
· · · · · · · · · · · · · · · · · · ·			1		.*
		• .	2a. 1 2b.	The following fees are enclosed: Status Fee X Movanced Order - # of the following fees should be changed to:	of Coples 10 (Minimum of 10)
			2a. 3 2b.	The tollowing fees are enclosed:	(Minimum of 10)
			2a. 3 2b. The requ	The following fees are enclosed: X Subvanced Order - # of the following fees should be changed to: DEPOSIT ACCOUNT NUMBER Issue Fee	(Minimum of 10)
	*	•	2a. 32b. The required (Sign	The following fees are enclosed: X	(Minimum of 10) of Copies(Minimum of 10) RKS is ntifled above. (Date)